

Hospital Presumptive Eligibility (HPE) Program Provider Election Form and Agreement

Thank you for your interest in participating as a provider in the Department of Health Care Services (DHCS) Hospital Presumptive Eligibility (HPE) Program. The HPE Program Provider Election Form and Agreement (DHCS 7012) is for California Medi-Cal hospital providers applying to be a qualified HPE Provider.

Please carefully read all information and instructions and complete each item requested. Applicants will be contacted of their determination by phone and by written notification, within fifteen (15) business days from the application receipt date. If you have questions concerning your application, please contact the Medi-Cal Telephone Service Center at the number provided below and follow the prompts.

HPE Program Mailing Address and Contact Information

Mail the completed HPE Provider Election Form and Agreement to:

DHCS HPE Program
Attn: Xerox State Health Care, LLC
P.O. Box 15508
Sacramento, CA 95852-1508

Medi-Cal Telephone Service Center: 1-800-541-5555

- Select the language option (English or Spanish)
- Option 1 for provider
- Option 2 for Hospital Presumptive Eligibility
- Option 4 for the Technical Help Desk

HPE Program Provider Requirements

- 1) **Must already be an enrolled Medi-Cal hospital provider.**
- 2) **Must have a hospital license number.**
- 3) **Must have a National Provider Identifier (NPI) number.**
- 4) **Must provide a Federal Employer ID Number (EIN) or Taxpayer Identification Number (TIN).**
- 5) **Must have a Medi-Cal Provider Identification Number (PIN).**
- 6) **Must have on file a Medi-Cal POS Network/Internet Agreement form.**

Application Submission Checklist

- ✓ Ensure all requirements above are complete before submitting the HPE Program Provider Election Form and Agreement.
- ✓ Ensure the HPE Program Provider Election Form and Agreement is complete and signed.
- ✓ Mail the original signed HPE Provider Election Form and Agreement to the address above.

HPE Program Hospital Provider Notification Overview

HPE Program Hospital Eligibility Notification Timeline:

- Applying hospitals will be notified of the status of the application by phone and in writing, within fifteen (15) business days of receipt of the HPE Program Provider Election Form and Agreement.

Approval Overview:

- **Step 1. Applying Hospital Receives a Notice of Contingent Approval**
Hospitals that meet the HPE Program Provider requirements will receive a contingent Notice of Approval letter, indicating that the hospital provider will be fully approved upon successful completion of the required online HPE Provider Computer Based Training (CBT).
- **Step 2. HPE Providers/Employees Complete the Required HPE Provider CBT**
HPE Providers are required to ensure that all hospital employees, including hospital employees of clinics conducting HPE determinations have completed the required self-guided HPE Provider CBT, before assisting HPE applicants and submitting HPE Application Web Portal eligibility transactions. The contingent approval letter provides detailed instructions on how to register and access to the HPE Provider CBT.
- **Step 3. Access to the HPE Application Web Portal**
Upon successful completion of the HPE Provider CBT, an approval letter will be sent to the hospital with detailed instructions on how to log into the HPE Application Web Portal and how to complete HPE transactions.

Denial Overview:

- The denial notice explains the reason denied and/or if additional information is required. Most denials are due to the HPE Provider Form and Agreement being incomplete, having incorrect information, and/or unsigned.

IMPORTANT: 1. Type or print legibly. 2. Return this completed form to: DHCS Hospital PE Program Attn: Xerox State Health Care, LLC P.O. Box 15508 Sacramento, CA 95852-1508		Official Use Only	
		Reviewer Name:	
		Date Received:	
		Date Review Completed:	
✓ Check one of the HPE Program Provider Election Form and Agreement types below			
First Time Applying to be a HPE Provider - Complete the entire HPE Provider Election Form and Agreement.			
Current HPE Provider Elects to Add a Clinic(s) - Complete either Part 2 or Part 3 based on your clinic type.			
Part 1. Applying Hospital Contact Information and Participation Identification Information			
Legal Name of Hospital			
Business Name of Hospital (if different from legal name)			
Hospital's Service Address (number & street)		City	State ZIP Code
Hospital's Authorized Contact Person (first)		(middle initial)	(last)
Title/position	Telephone number ()	Contact Fax Number ()	Contact Email address
Applying Hospital - Participation Identification Information:			
Federal Employer ID Number (EIN) or Taxpayer Identification Number (TIN)		California Hospital License No.	Hospital National Provider Identifier (NPI)
Is this hospital currently a Medi-Cal Provider? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Part 2. Does the Applying Hospital Choose to Permit Hospital Owned Clinic(s) to Participate Under the Hospital's License? <input type="checkbox"/> Yes <input type="checkbox"/> No			
By checking " Yes " above, the <u>applying hospital</u> agrees to take full responsibility for permitting hospital owned clinic(s) to participate in the HPE Program and will ensure the rules below and in this agreement are implemented.			
✓ The applying hospital is responsible for HPE determinations made at participating clinics.			
✓ All HPE determinations are made by approved HPE hospital employees/hospital owned clinic employees that are HPE trained and adhere to all HPE rules and guidelines.			
✓ The applying hospital maintains a current list of clinics permitted to make HPE determinations.			
✓ The applying hospital maintains a current list of HPE trained hospital clinic employees conducting HPE at those locations.			
✓ If the applying hospital's clinic has a different NPI than the applying hospital, complete the clinic information below.			
NOTE: Complete <u>ONLY</u> if the Hospital Owned Clinic has a different NPI Number than the applying Hospital.			
Hospital Owned Clinic(s) Business Name	Clinic(s) NPI#	Clinic(s) EIN, TIN, or SSN	Business Address (Address, City, State Zip)

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Part 3. Does the Applying County Owned/Operated Hospital Choose to Permit County Owned/Operated Clinic(s) not listed on your Hospital's License to Assist HPE Applicants?

Yes ☐ No ☐

By checking "Yes" above, the applying county hospital agrees to take full responsibility for permitting county owned/operated clinic(s) to assist with gathering HPE Application information, and will ensure the rules below and in this agreement are implemented.

- ✓ All clinic HPE determinations must be made by an approved HPE county owned hospital employee that is HPE trained and adheres to all of the HPE rules and guidelines.
- ✓ All county owned/operated clinic employees that assist with HPE Application information adhere to confidentiality.
- ✓ The applying county hospital maintains a current list of county owned/operated clinics permitted to assist in HPE.
- ✓ The applying county hospital maintains a current list of HPE trained county hospital employees conducting HPE determinations in county owned/operated clinics.

Part 4. HPE Program Provider Agreement Requirements

By signing this participation agreement, [*insert the name of the applying hospital provider*] _____ elects to participate as a qualified entity in the Medi-Cal HPE Program and agrees to comply with all applicable requirements and policies of the HPE Program. The HPE Program provides temporary Medi-Cal coverage to low-income individuals.

HPE Program Provider Requirements

- Applying hospital must already be an enrolled Medi-Cal Hospital Provider.
- Applying hospital must have a hospital license number.
- Applying hospital must have an NPI number.
- Applying hospital must provide a Federal EIN or TIN.
- Applying hospital must have a Medi-Cal PIN.
- Applying hospital must have on file a Medi-Cal POS Network/Internet Agreement.

HPE Provider Training Requirements

- Approved HPE Providers are required to ensure that all hospital employees conducting HPE determinations have completed the required HPE Computer Based Training (CBT) and have a certificate of completion on file, before assisting HPE applicants and submitting HPE Application Web Portal eligibility transactions.
- In order to receive final approval to become a qualified HPE Provider to access to the HPE Application Portal, HPE Providers/employees must complete the HPE Provider Training within 60 days of the approved HPE Provider contract agreement.
- Each hospital employee authorized to conduct HPE transactions must stay current with any changes to the HPE Program. HPE Program changes will be sent out through provider bulletins, notices and/or additional training programs.

HPE Application Eligibility Process Requirements

- HPE Provider employees assist individuals seeking services by conducting HPE Application Web Portal transactions.
- HPE Provider employees log into the HPE Application Web Portal with the NPI and PIN to electronically submit the HPE application on behalf of the applicant.
- PE Enrollment Period benefits received from any PE program listed below are limited to the past 12 months prior to applying for HPE, except PE for Pregnant Women which is limited to (1) PE Enrollment Period per pregnancy, as indicated in the chart below.

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	Medi-Cal PE Programs	Total PE Enrollment Periods Permitted
1	HPE - Individuals between the ages 18-25 who were in foster care at age 18 (no income limit)	1 PE Enrollment Period
2	HPE - Children under 19 years old	2 PE Enrollment Periods
3	HPE - Parents and Caretaker Relatives	1 PE Enrollment Period
4	HPE - Adults between the ages 19-64 not pregnant, not enrolled in Medicare, and not eligible for any other group stated above.	1 PE Enrollment Period
5	HPE - Pregnant Women	1 PE Enrollment Period, Per Pregnancy
6	Children Health and Disability Prevention (CHDP) Gateway	2 PE Enrollment Periods
7	Breast and Cervical Cancer Treatment Program (BCCTP)	1 PE Enrollment Period
8	PE for Pregnant Women	1 PE Enrollment Period, Per Pregnancy

- The PE eligibility determination is made in real-time. PE coverage begins on the day in which the determination is made via submission of the HPE Application Web Portal transaction. PE eligibility can't be back dated regardless of the reason. Individuals must apply for full scope Medi-Cal and mark the box which indicates the individual had medical expenses in the last 3 months and needs help to pay.
- If determined eligible for HPE, individuals will receive immediate access to temporary Medi-Cal. Provide the individual his/her temporary paper Beneficiary Identification Card (BIC) to receive services, and provide a verbal explanation if appropriate, that:
 - 1) The PE Enrollment Period begins on the day approved for PE.
 - 2) The PE Enrollment Period ends, either:
 - a. On the last day of the following month in which an individual is determined eligible for PE, if the individual does not file an insurance affordability application prior to his/her PE Enrollment Period end date, OR
 - b. On the day the eligibility determination is made on the insurance affordability application if the insurance affordability application was filed prior to the PE Enrollment Period end date; regardless of how soon or how long it takes for an insurance affordability application determination.
 - 3) The applicant must submit a completed insurance affordability application before their PE Enrollment Period terminates in order to become eligible for continued coverage beyond the PE Enrollment period and to be eligible for retroactive coverage retroactive three months from the date the insurance affordability application is approved.
- If the HPE applicant is not determined presumptively eligible, print out their eligibility determination document, and explain the reason of the denial and that, he or she may file an insurance affordability application for medical coverage under an insurance affordability program.
- HPE Providers/employees must provide all HPE applicants/beneficiaries a paper copy of the insurance affordability application prior to release from the hospital.
- HPE Providers/employees must provide assistance to the HPE applicant, if requested, in completing the insurance affordability application.
- HPE Providers/employees are not permitted to delegate HPE determinations or use of the HPE Application Portal to non-hospital staff. Third party vendors, contractors, subcontractors, or county owned/operated clinic employees are not permitted to make HPE determinations or use the HPE Application Web Portal.
- If HPE Providers choose to use third party vendors, contractors or subcontractors, the HPE Providers must complete the HPE Provider Assistor Form and keep on file. HPE Providers may use third party vendors, contractors or subcontractors, to staff their in-hospital PE operations, by staffing welcome desks, meeting with applicants and help them complete the paper version of the HPE Application. However, they are not permitted to make the PE determinations or use the HPE Application Portal.
- HPE Providers must adhere to all HPE provider instructions and federal regulations.

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Hospital Records Management Requirements

- HPE Provider participants shall maintain organized records of hospital employee HPE training and applications for three years from the last date of billing. Hospitals are allowed to store scanned copies of the completed HPE applications only if the scanning system has the capability to store confidential documents securely.
- HPE Provider participants that use third party vendors, contractors or subcontractors shall maintain on file the HPE Provider Assistor Forms with current information for three years.
- HPE Provider participants shall make HPE records available to DHCS for periodic review within 30 days of a departmental request within the three year period.

Corrective Action Process

- In the event that HPE Providers do not adhere to all HPE Provider instructions and federal regulations, HPE Providers are subject to Correction Action and must submit to DHCS a corrective action plan:
 - 1) The plan shall describe how additional staff training will be conducted.
 - 2) The plan shall describe an estimated time to adhere to HPE Provider instructions and federal regulations (no greater than three months).
 - 3) The plan shall describe how outcomes will be measured.
- DHCS will review the corrective action plan within 30 days of receipt.

Hospital Disqualification

- HPE Providers will be disqualified from participating in the HPE Program if the hospital fails to comply with HPE program requirements and conditions specified in the corrective action plan.

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Part 5. HPE Program Provider Election Form and Agreement - Certification and Signature

Authorized Signature Requirements

1) The signature must be legible and original (no stamps, electronic signatures or copies).

2) Authorized titles accepted to sign on behalf of the applying hospital:

- | | |
|--|---|
| <ul style="list-style-type: none"> ▪ Assistant Administrator ▪ Chief Administrator ▪ Chief Executive Officer (CEO) ▪ Chief Financial Officer (CFO) ▪ Chief Medical Officer (CMO) ▪ Controller ▪ Director ▪ Director of Central Business Office | <ul style="list-style-type: none"> ▪ Division Manager of patient business services ▪ Owner ▪ Patient financial services director ▪ President/vice president ▪ Treasurer ▪ Vice president of financial operations <p>Note: Hospital business consultant signatures are not accepted.</p> |
|--|---|

When conducting presumptive eligibility determinations, the HPE Provider Enrollee will comply with all state, federal, and Department rules and regulations, including the Health Insurance Portability and Accountability Act (HIPAA).

I, (print name) _____, agree to cooperate with DHCS in complying with the HPE Provider responsibilities. I am aware that if I do not comply with these responsibilities and the PE guidelines as outlined in HPE provider instructions and HPE regulations, I may lose status as a Qualified HPE Provider. I agree to notify the DHCS in writing of any changes in application information at least 20 days prior to the effective date of the change.

The HPE Provider Enrollee agrees to be bound by all governing Federal and State laws and regulations. Any provision of this election which is in conflict with current or future applicable Federal or State law or regulation will be amended to conform to the provisions of those laws and regulations. Due to the scope and complexity of this program, the HPE Provider Enrollee further acknowledges that the terms and conditions of this election are subject to change by DHCS. Any amendment of this election shall be effective as of the effective date of the applicable statute, regulation, term, or condition and shall be binding on the enrollee even though such amendment may not have been reduced to writing and formally agreed upon and executed by the Enrollee. The HPE Provider Enrollee hereby agrees to execute such documents, amendments, or agreements as necessary to effect its continued election, if so required by law or regulatory authority or requested by DHCS.

By signing below, I represent that I have the authority to bind the Hospital stated below to this election.

Printed Name and Title of Authorized Hospital Provider Applicant <i>(first)</i> <i>(middle initial)</i> <i>(last)</i> <i>(title)</i>			
Authorized Hospital Provider Phone Number ()		Authorized Hospital Provider Email Address	
Authorized Hospital Provider Applicant Signature		Date	
Hospital Name		Address	